

STAFF MOBILITY FOR TEACHING: CERTIFICATE OF ATTENDANCE (INCOMING)

Academic Year 2014/2015

To whom it may concern

Name of institution:

ERASMUS-code:

I herewith confirm that Ms./Mr. (title and name)

has taught hours in the framework of the ERASMUS teaching assignment
in our institution¹

Duration of stay (days) from² till³

Name of
signatory: _____

Function: _____

Place / Date: _____

Signature: _____

Stamp

¹ Minimum of 8 hours of teaching per week (or any shorter period of stay)

² First day the participant needs to be present at the receiving institution

³ Last day the participant needs to be present at the receiving institution